

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18456

Do not use this space.

## 1. PLACE OF DEATH

(a) County Monteague  
(b) Township Walker  
(c) City California  
(e) Length of residence in city or town where death occurred yrs. mos. ds.Registration District No. 371  
Primary Registration District No. 4335Registered No. 31(d) Street No. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Francis Ruth Fulke St. 0  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt. L. Fulke  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1891  
7. AGE YEARS 49 MONTHS 8 DAYS 26 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co MoFATHER 13. NAME George H Piske  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EnglandMOTHER 15. MAIDEN NAME Francis Gregory  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo17. INFORMANT (ADDRESS) Robt. L. Fulke  
California Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Home DATE 5/2319. FUNERAL DIRECTOR (NAME) (ADDRESS) William H. Dindman  
California Mo20. FILED 5-27-41 W. R. Poppey  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 194122. I HEREBY CERTIFY, That I attended deceased from April 10 1941 to May 21 1941I last saw him alive on May 21 1941 Death is saidto have occurred on the date stated above, at 3:12 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of  
Colon (sigmoid region)Duration 6 mo.Other contributory causes of importance:  
metastases from Carcinoma  
right breast. Operation 1935Name of operation None on Colon Date of 50  
What test confirmed diagnosis? X-ray Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury  
Nature of injury24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify(Signed) L. L. Latham M. D.  
504 (Address) California Mo

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *H.E. Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**